HAYWARD NURSING HOME 11040 N STATE RD 77

HAYWARD 54843 Phone: (715) 934-4300		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	76	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	76	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	72	Average Daily Census:	68

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40.3	
Supp. Home Care-Personal Care	No					1 - 4 Years	38.9	
Supp. Home Care-Household Services	No	Developmental Disabilities	2.8	Under 65	5.6	More Than 4 Years	20.8	
Day Services	No	Mental Illness (Org./Psy)	18.1	65 - 74	11.1			
Respite Care	No	Mental Illness (Other)	2.8	75 - 84	25.0		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.6	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.4	95 & Over	9.7	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Resident		
Home Delivered Meals	No	Fractures	9.7	İ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	11.1	65 & Over	94.4			
Transportation	No	Cerebrovascular	1.4			RNs	11.7	
Referral Service	Yes	Diabetes	2.8	Gender	왕	LPNs	6.5	
Other Services	No	Respiratory	6.9			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	43.1	Male	23.6	Aides, & Orderlies	45.8	
Mentally Ill	No			Female	76.4			
Provide Day Programming for	ĺ		100.0	İ				
Developmentally Disabled	No		ale ale ale ale ale ale ale		100.0			

## Method of Reimbursement

		edicare itle 18			edicaio itle 19			Other			Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	6	11.8	137	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	8.3
Skilled Care	9	100.0	274	43	84.3	117	0	0.0	0	12	100.0	135	0	0.0	0	0	0.0	0	64	88.9
Intermediate				2	3.9	98	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		51	100.0		0	0.0		12	100.0		0	0.0		0	0.0		72	100.0

Facility ID: 4050 County: Sawyer Page 2 HAYWARD NURSING HOME

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution			ons, Services, an	d Activities as of 12,	31/04
beating burning Reporting Period					Needing		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	6.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.8	Bathing	1.4		90.3	8.3	72
Other Nursing Homes	4.8	Dressing	8.3		81.9	9.7	72
Acute Care Hospitals	71.4	Transferring	31.9		54.2	13.9	72
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.1		69.4	12.5	72
Rehabilitation Hospitals	4.8	Eating	66.7		27.8	5.6	72
Other Locations	8.3	*******	******	*****	*******	******	******
Total Number of Admissions	84	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	8.3	Receiving Resp	iratory Care	20.8
Private Home/No Home Health	15.2	Occ/Freq. Incontiner	nt of Bladder	41.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	34.2	Occ/Freq. Incontiner	nt of Bowel	20.8	Receiving Suct	ioning	1.4
Other Nursing Homes	5.1				Receiving Osto	my Care	2.8
Acute Care Hospitals	16.5	Mobility			Receiving Tube	Feeding	1.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.4	Receiving Mech	anically Altered Diets	36.1
Rehabilitation Hospitals	0.0						
Other Locations	3.8	Skin Care			Other Resident C	haracteristics	
Deaths	25.3	With Pressure Sores		5.6	Have Advance D	irectives	94.4
Total Number of Discharges		With Rashes		2.8	Medications		
(Including Deaths)	79				Receiving Psyc	hoactive Drugs	50.0

\* Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

	This	Other :	Hospital-	i i	All
	Facility	Based Facilities		Fac	ilties
	8	8	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.5	91.7	0.98	88.8	1.01
Current Residents from In-County	81.9	85.3	0.96	77.4	1.06
Admissions from In-County, Still Residing	23.8	14.1	1.69	19.4	1.23
Admissions/Average Daily Census	123.5	213.7	0.58	146.5	0.84
Discharges/Average Daily Census	116.2	214.9	0.54	148.0	0.79
Discharges To Private Residence/Average Daily Census	57.4	119.8	0.48	66.9	0.86
Residents Receiving Skilled Care	97.2	96.2	1.01	89.9	1.08
Residents Aged 65 and Older	94.4	90.7	1.04	87.9	1.07
Title 19 (Medicaid) Funded Residents	70.8	66.8	1.06	66.1	1.07
Private Pay Funded Residents	16.7	22.6	0.74	20.6	0.81
Developmentally Disabled Residents	2.8	1.4	2.03	6.0	0.46
Mentally Ill Residents	20.8	32.7	0.64	33.6	0.62
General Medical Service Residents	43.1	22.0	1.96	21.1	2.04
Impaired ADL (Mean)*	42.8	49.1	0.87	49.4	0.87
Psychological Problems	50.0	53.5	0.93	57.7	0.87
Nursing Care Required (Mean)*	8.9	7.4	1.20	7.4	1.19